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APPLICANTS

John P. Yardley, King of Prussia, PA;

Magid A. Abou-Gharbia, Exton, PA;  
 John W. Ulrich, Exton, PA;

\*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/315,699 12/10/2002 ✓  
 which is a DIV of 09/989,000-11/21/2001 PAT 6,503,942 ✓  
 which is a DIV of 09/722,193 11/21/2000 PAT 6,348,494 ✓  
 which claims benefit of 60/240,922 11/24/1999

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/04/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 0	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

25291  
 WYETH  
 PATENT LAW GROUP  
 5 GIRALDA FARMS  
 MADISON, NJ  
 07940

TITLE

Ethers of o-desmethyl venlafaxine

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )

<p>FILING FEE</p> <p>RECEIVED 1022</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<p><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</p> <p><input type="checkbox"/> 1.18 Fees ( Issue )</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Credit _____</p>
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